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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 10/303,598 11/25/2002 *CA*
which is a CIP of 09/714,409 11/14/2000 *CA*
which claims benefit of 60/165,638 11/15/1999 *CA*

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
** 04/01/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 11	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 5
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35 USC 119 (e-d) conditions met
☐ yes ☒ no Met after Allowance

Verified and Acknowledged
Examiner's Signature *[Signature]* Initials

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TITLE
Oncolytic adenovirus

FILING FEE RECEIVED 1686	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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